

IN THE IOWA DISTRICT COURT FOR POLK COUNTY

IN THE INTEREST OF

DEPENDENT ADULT

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PROBATE NO. GC_____

**PETITION FOR ORDER TO EVALUATE, TO
ENTER INTO THE RESIDENCE, AND TO
EXAMINE A DEPENDENT ADULT
PURSUANT TO IOWA CODE SECTION
235B.3**

COMES NOW, the Iowa Department of Human Services for Polk County and pursuant to Iowa Code §235B.3(7) requests the Court enter an Order authorizing the evaluation, entry into the residence and examination of DEPENDENT ADULT and in support states:

1. DEPENDENT ADULT, DOB: _____, residing at _____, is a dependent adult as defined in Iowa Code §235B.2(4).
2. There is probable cause to believe above dependent adult has been subjected to dependent adult abuse, as defined in Iowa Code Section 235B.2(5).
3. The undersigned Department of Human Services Adult Protective Worker states the following in support of the petition:
<<<insert info from affidavit>>>

I have been authorized by the Department of Human Services to determine if DEPENDENT ADULT has been subject to Dependent Adult Abuse.

WHEREFORE, it is requested that the Court, pursuant to Iowa Code Section 235.3, enter an Order allowing _____ to make an evaluation, enter the home, and evaluate DEPENDENT ADULT.

Dated this 15 June 2015.

Respectfully submitted,

Celene Gogerty AT0002830
Assistant Polk County Attorney
Polk County Attorney's Office
206 6th Ave., 3rd Floor
Des Moines, Iowa 50309
(515) 286-3417
(515) 323-5251 Fax

I have read this Petition for Order and verify that it is true and correct.

Polk County Department of Human Services

Sworn and subscribed to before me June 15, 2015 by the above-signed Department of Human Services Worker.

Notary Public in and for the State of Iowa

Original Filed

Copies to:
Dependent Adult DEPENDENT ADULT
Asst. County Atty. Celene Gogerty
DHS

IN THE IOWA DISTRICT COURT FOR POLK COUNTY

IN THE INTEREST OF

DEPENDENT ADULT

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PROBATE NO. GC _____

**EMERGENCY ORDER AUTHORIZING
EVALUATION, ENTRY INTO THE
RESIDENCE, AND EXAMINATION OF A
DEPENDENT ADULT PURSUANT TO IOWA
CODE SECTION 235B.7**

Now on this 15 June 2015, the Court, having been presented with a Petition for Order Authorizing Evaluation, Entry into the Residence, and Examination of a dependent adult, pursuant to Iowa Code Section 235B.3, **FINDS** there is probable cause to believe that DEPENDENT ADULT, DOB: _____, currently residing at _____, is a dependent adult, and that DEPENDENT ADULT has been subject to dependent adult abuse.

As a result of the above finding, pursuant to Iowa Code Section 235B.3(7) the **COURT ORDERS** the following:

_____, as authorized by the Department of Human Services, is AUTHORIZED to evaluate if DEPENDENT ADULT has been subject to dependent adult abuse.

_____, as authorized by the Department of Human Services, is AUTHORIZED to enter the residence at 1210 E. Seneca, #3, Des Moines, IA.

_____, as authorized by the Department of Human Services, is AUTHORIZED to examine DEPENDENT ADULT.

Any and all Fees associated with the filing of this Order and/or any prior Petition are **WAIVED**.

SO ORDERED

JUDGE, 5th JUDICIAL DISTRICT

Original Filed

Copies to:
Dependent Adult DEPENDENT ADULT
Asst. County Atty. Celene Gogerty
DHS

IN THE IOWA DISTRICT COURT FOR POLK COUNTY

IN THE INTEREST OF

DEPENDENT ADULT

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PROBATE NO. GC _____

**CONFIDENTIAL SOCIAL SECURITY
NUMBER FORM**

Please note: This form is for the submission of social security numbers **ONLY**. Dates of birth and employer identification numbers are not confidential and should appear on the heading or face of the petition, answer, etc. Please print or type all information.

Name
Ward: DEPENDENT ADULT

Social Security Number

DOB

Information supplied by _____, Department of Human Services

Signature: _____ Date June 15, 2015